

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	PHOSPHODIESTERASE 4 INHIBITORS, INCLUDING N-SUBSTITUTED ANILINE AND DIPHENYLAMINE ANALOGS
Attorney Docket Number::	MEMORY-28
Total Drawing Sheets::	0

### INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	US
Status::	FULL CAPACITY
Given Name::	Richard
Middle Name::	A.
Family Name::	SCHUMACHER
City of Residence::	Monroe
State or Province of Residence::	New York
Country of Residence::	USA
Street of Mailing Address::	16 Dorothy Drive
City of Mailing Address::	Monroe
State or Province of Mailing Address::	New York
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	10950

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: Allen  
Middle Name:: T.  
Family Name:: HOPPER  
City of Residence:: Glen Rock  
State or Province of Residence:: New Jersey  
Country of Residence:: USA  
Street of Mailing Address:: 29 Dean Street  
City of Mailing Address:: Glen Rock  
State or Province of Mailing Address:: New Jersey  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 07452

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: Canada  
Status:: FULL CAPACITY  
Given Name:: Ashok  
Family Name:: TEHIM  
City of Residence:: Ridgewood  
State or Province of Residence:: New Jersey  
Country of Residence:: USA  
Street of Mailing Address:: 246 N. Walnut Street  
City of Mailing Address:: Ridgewood  
State or Province of Mailing Address:: New Jersey  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 07450

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: Hans-Jurgen  
Middle Name:: Ernst  
Family Name:: HESS  
City of Residence:: Old Lyme  
State or Province of Residence:: Connecticut  
Country of Residence:: USA  
Street of Mailing Address:: 26 Jericho Drive  
City of Mailing Address:: Old Lyme  
State or Province of Mailing Address:: Connecticut  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 06371

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: Axel  
Family Name:: UNTERBECK  
City of Residence:: Madison  
State or Province of Residence:: Connecticut  
Country of Residence:: USA  
Street of Mailing Address:: 205 Wildwood Avenue  
City of Mailing Address:: Madison  
State or Province of Mailing Address:: Connecticut  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 06443

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: Erik  
Family Name:: KUESTER  
City of Residence:: Franklin  
State or Province of Residence:: New Jersey  
Country of Residence:: USA  
Street of Mailing Address:: 3 Haines Ct.  
City of Mailing Address:: Franklin  
State or Province of Mailing Address:: New Jersey  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 07416

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: William  
Middle Name:: Frederick  
Family Name:: BRUBAKER Jr.  
City of Residence:: Chesire  
State or Province of Residence:: Connecticut  
Country of Residence:: USA  
Street of Mailing Address:: 116 Nob Hill Road  
City of Mailing Address:: Chesire  
State or Province of Mailing Address:: Connecticut  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 06410

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: Robert  
Middle Name:: F.  
Family Name:: DUNN  
City of Residence:: Towaco  
State or Province of Residence:: New Jersey  
Country of Residence:: USA  
Street of Mailing Address:: 3 Osborne Place  
City of Mailing Address:: Towaco  
State or Province of Mailing Address:: New Jersey  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 07082-1109

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23599

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 23599

#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/396,725	07/19/02

#### ASSIGNMENT INFORMATION

Assignee Name:: MEMORY PHARMACEUTICALS CORP.  
Street of Mailing Address:: 100 Philips Parkway  
City of Mailing Address:: Montvale  
State or Province of Mailing Address:: New Jersey  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 07645-1800